

**LEGAL DECISION MAKING
(CUSTODY),
PARENTING TIME and
CHILD SUPPORT
For Respondent Only**

3

RESPONSE

To Respond/Disagree with a Petition

(Forms Packet)

NOTICE: This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “Calculate Child Support”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

SELF-SERVICE CENTER

RESPONSE TO PETITION TO ESTABLISH CHILD CUSTODY,* PARENTING TIME, AND SUPPORT

(*Including Request for Order Declaring Primary Residence and Authority for Legal Decision Making concerning the Minor Children (Legal Custody)

(when paternity has already been established)

CHECKLIST

You may use this packet if . . .

- ✓ **Someone filed a petition to establish a court order concerning your minor children declaring:**
 - their primary residence,
 - who has authority to make legal decisions concerning the children,
 - time each parent is to have with the children, and (optionally)
 - child support (or you have a support order already, in which case the court will review the order if it orders custody and authority for legal decision making), **AND**
- ✓ You want to file a **“Response”** to tell the Court that you disagree with something stated or requested in the **“Petition”**.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

RESPONSE TO PETITION TO ESTABLISH CUSTODY,* PARENTING TIME and CHILD SUPPORT

(*Including Request to Declare Primary Residence and Authority for Legal Decision Making concerning the Minor Children (Legal Custody)

(when paternity has already been established)

This packet contains court forms and instructions to file a response to petition to establish custody, parenting time and child support. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	DRCV3k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRCV3ft	Table of Contents (this page)	1
3	DRSDS10f-c	<i>"Family Court/Sensitive Data Sheet in Cases With Minor Children"</i> DO NOT COPY OR FILE THIS DOCUMENT	1
4	DRCV31f	"Response to Petition"	7
5	DRS12f	"Parent's Worksheet for Child Support"	2
6	DRAD10f	"Alternative Dispute Resolution (ADR) Statement to the Court"	1

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Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner _____

Case No. _____

Respondent _____

ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA
COVERSHEET WITH CHILDREN
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:

Petitioner

Respondent

Name _____

Gender _____

☐ Male or ☐ Female

☐ Male or ☐ Female

Date of Birth (Month/Day/Year) _____

Social Security Number _____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM
IF REQUESTING ADDRESS PROTECTION**

Mailing Address _____

City, State, Zip Code _____

Contact Phone _____

Email Address _____

Current Employer Name _____

Employer Address _____

Employer City, State, Zip Code _____

Employer Telephone Number _____

Employer Fax Number _____

B. Child(ren) Information:

Child Name _____

Gender _____

Child Social Security Number _____

Child Date of Birth _____

C. Type of Case being filed - Check only one category.

**Check only if no other category applies*

☐ Dissolution (Divorce)

☐ Legal Separation

☐ Annulment

☐ Order of Protection

☐ Paternity

☐ *Legal Decision Maker
(Custody)/Visitation

☐ *Child Support

☐ Other

Interpreter Needed:

☐ Yes ☐ No

If yes, what language? _____

DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR
OR Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

RESPONSE TO PETITION TO ESTABLISH

(Check one box, depending on whether you need child support order)

☐ LEGAL DECISION MAKING (CUSTODY),
PARENTING TIME, and CHILD SUPPORT, or

☐ LEGAL DECISION MAKING (CUSTODY) AND
PARENTING TIME (ONLY)

Name of Respondent

UNDER OATH OR BY AFFIRMATION

1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom Petitioner wants the Court Order:

☐ Mother

☐ Father

☐ Other. My relation to the children is: _____

2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

MY Relationship to children for whom the Petitioner wants the Court Order:

☐ Mother

☐ Father

☐ Other. My relation to the children is: _____

3. VENUE:

☐ This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the minor child(ren),

OR

☐ This is NOT the proper court to bring this lawsuit under Arizona law because it is not the county of residence of the petitioner, or the respondent, or the minor child(ren).

Case No. _____

4. INFORMATION ABOUT MINOR CHILDREN, including past 5 years residence:

A. Child's Name: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____		Date of Birth: _____
Current Address: _____		
How long at this address: _____		County: _____
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____		
(If less than 5 years, provide 5 years previous address information for each child.)		
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

B. Child's Name: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____		Date of Birth: _____
Current Address: _____		
How long at this address: _____		County: _____
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____		
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

C. Child's Name: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____		Date of Birth: _____
Current Address: _____		
How long at this address: _____		County: _____
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____		
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

D. Child's Name: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____		Date of Birth: _____
Current Address: _____		
How long at this address: _____		County: _____
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____		
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Previous Address: _____		
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

☐ Continues on attached page(s) made part of this document by reference.

5. STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT**A. PATERNITY WAS ESTABLISHED BY: (check one box).**

(A copy of any Order or document referenced here should already be in the Court file or attached.)

☐ **A Court Order for Paternity from this county or previously transferred to this county** stating that

is the natural father of the minor child(ren) included in this Petition. (A.R.S. § 25-502(c))

☐ **Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program** or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.

☐ **We do not have an order of paternity, but we do have a child support order.** (See instructions)

☐ **Parties were legally married when minor child(ren) was (were) born, conceived or adopted.***

***NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making authority (custody) and parenting time for married persons must generally be filed as part of a case for Separation or Divorce.**

B. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box)

☐ An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does need to be changed**. Note: if order is from court other than Superior Court in Maricopa County, see instructions)

☐ An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does need to be changed**. Note: if order is from court other than Superior Court in Maricopa County, see instructions)

☐ To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision making (custody) and parenting time.

6. WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT PETITIONER SAID: (Summarize what is different between what you say and what the other party said in the petition)

7. COURT CASES NOT INVOLVING LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD:**(Check one box.)**

☐ **I HAVE** ☐ **I HAVE NOT** been a party or a witness in court in this state or in any other state regarding the legal decision making (custody) or parenting time of any of the minor children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

How the child is involved: _____

Summary of any Court Order _____

8. LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD:

(check one box) ☐ **I DO NOT HAVE** ☐ **I DO HAVE** information about a legal decision making (custody) or parenting time court case relating to any of the minor children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each minor child: _____

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

Nature of the court proceeding: _____

Summary of any Court Order _____

9. LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON:**(Check one box)**

☐ **I DO NOT KNOW** ☐ **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making (custody) or parenting time rights to any of the minor children named above.

(If so, explain below, using extra pages if necessary. **IF NOT, GO TO #11.**)

Name of each child minor claimed: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

☐ Additional claims of legal decision making (custody) or parenting time stated on attached page.

10. **SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR:** (Summarize what is different between what you say about the children, and what the other party said.)

OTHER STATEMENTS TO THE COURT:

11. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

12. **DOMESTIC VIOLENCE:** (If you intend to ask for joint legal decision making (joint legal custody), there must have been no significant domestic violence between the parties **or** you must provide specific reasons the court should find joint authority is in the best interests of the minor(s) **despite** the domestic violence. (A.R.S. § 25-403.03). (Check the box to make a true statement below.)

☐ There has been domestic violence in this relationship and neither joint nor sole legal decision making (custody) should be awarded to the ☐ petitioner ☐ respondent who committed the violence.

☐ Domestic violence has **not** occurred in this relationship; or

☐ There **has** been domestic violence between the parties but the court should find it is still in the best interests of the minor child(ren) to award joint legal decision making (joint custody) **because:** (Explain) _____

13. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

1. **FOR ORDER DECLARING PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):**

- A. Declare which parent's home shall be "Primary Residence" for each minor child as follows:

☐ Declare **Mother's home** as primary residence for the following named children:

☐ Declare **Father's home** as primary residence for the following named children: _____

subject to parenting time, as follows:

B. PARENTING TIME: Award parenting time as follows:

- ☐ **Reasonable parenting time** rights to the non-primary residential parent, **OR**
- ☐ **Supervised parenting time** between the children and ☐ Mother OR ☐ Father, **OR**
- ☐ **No parenting time** rights to the ☐ Mother OR ☐ Father.

Supervised or no parenting time is in the best interests of the child(ren) because: *

☐ Explanation continues on attached pages made part of this document by reference.

a. Name this person to supervise: _____

b. Restrict parenting time as follows: _____

c. **Order cost of supervised parenting time (if applicable) to be paid by:**

- ☐ Mother
- ☐ Father, **OR**
- ☐ Shared equally by the parties.

C. AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):

Award legal authority to make decisions concerning the child(ren) as follows:

☐ **AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to:** ☐ Mother ☐ Father

OR

☐ **AWARD JOINT LEGAL DECISION MAKING AUTHORITY to BOTH PARENTS.**

Mother and Father will agree to act as joint legal decision makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision Making Agreement signed by the both parties. (For the court to order joint legal decision making, there must have been no "significant" domestic violence or find it in the best interests of the child(ren) despite any such violence according to Arizona law, A.R.S. § 25-403.03)

(Check below if you are asking for a child support order or a change of child support in this case.)

2. ☐ **CHILD SUPPORT: Order that child support shall be paid by** (check one box)

☐ Mother ☐ Father **in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet.** Support payments shall begin on the first day of the first month following the entry of the Legal Decision Making (Custody)/Parenting Time/Support Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic Income Withholding Order.

Case No. _____

3. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

4. OTHER ORDERS I AM REQUESTING (explain request here): _____

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Date

Respondent's Signature

Respondent's Printed Name

Copy of this document mailed to the other party on: _____
Month / Date / Year

To the following address: _____

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY⁽²⁾

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ (4) Case No. _____

(3) Respondent: _____ (4) ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u>FATHER</u>	<u>MOTHER</u>
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
Adjusted Gross Income	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
Basic Child Support Obligation	(16) \$ _____	
Plus Costs for:		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ % (24)		_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____ (25)		\$ _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____ (26)		\$ _____
No. of Days _____ = _____ % Adjustment (from table)			
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
 Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
Adjustments Subtotal	\$ _____ (32)		\$ _____
Preliminary Child Support Amount	\$ _____ (33)		\$ _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount - \$903.00			
Total	= \$ _____ (34)		\$ _____
Child Support to be Paid by: Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ (35)		\$
Share of Travel Expenses Related to Parenting Time*	_____ % (36)		_____ %
*Only for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ % (37)		_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Respondent

ATLAS No. _____

ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.F.L.P. 66(E)

Check appropriate box below:

- ☐ Petitioner's Statement
☐ Respondent's Statement
☐ Joint Statement (signed by both parties)

Pursuant to the Arizona Rules of Family Law Procedure, we hereby state the following, under penalty of perjury:

1. ☐ The parties agree to participate in the following Alternative Dispute Resolution (ADR) process and:
 - a. have selected the following ADR process:
 - ☐ Arbitration
 - ☐ Mediation
 - ☐ Settlement Conference
 - ☐ Other: _____
 - b. ☐ The parties will use a private provider OR
☐ The parties request a program provided through the court.
 - c. The person or company providing the ADR service is: _____
 - d. The parties expect to complete the ADR process by _____, ____.
2. ☐ The parties have been unable to agree on an ADR process.
 - ☐ The ☐ Petitioner ☐ Respondent believe(s) that the following ADR process would be appropriate: _____
 - ☐ The ☐ Petitioner ☐ Respondent request(s) a conference to discuss ADR.
 - ☐ The ☐ Petitioner ☐ Respondent believe(s) that an ADR process would not be appropriate for the following reason: _____

Date

Petitioner

Date

Respondent